

Asthma Care Management Program

Asthma was the eighth most frequent diagnosis resulting in an inpatient admission for TennCare beneficiaries in 2000. Asthma is a serious chronic condition affecting approximately 26 million Americans and ranks among the top ten prevalent conditions causing limitation of activity in the United States. Nationally, asthma is the ninth leading cause of hospitalization. The annual direct health care cost of asthma for our nation is \$8.1 billion. Missing the mark in asthma management is costly and affects quality of life. In 1997, 41 percent of all people with asthma sought urgent care from the ER, clinic or hospital¹; 49 percent of children and 25 percent of adults missed school or work because of asthma¹; 30 percent of asthma patients were awakened by breathing problems at least weekly¹.

Between 1982 and 1996 the overall asthma prevalence rate increased 58.6 percent. The highest asthma prevalence rate was seen in children 5-17 years of age. Females had higher rates than males. There was a significant difference between races. The asthma prevalence rate in African Americans was 30 percent higher in 1998 compared to the rate in Caucasians².

The number of asthma deaths from 1979 to 1998 increased by 109 percent. The mortality rates for asthma in the African American population were more than three times the rate in the Caucasian population. The age-adjusted mortality rate increased by 78.9 percent in African American males and 90 percent in African American females. The age-adjusted mortality rates in non-Caucasians (all races other than Caucasian) increased 61 percent in males and 72 percent in females over this time span.

The asthma management program contains provider and member education materials and metrics to measure improvements in asthma management.

Provider Education Materials:

- *Asthma At-A-Glance*: diagnoses and treatment summary for adults and children over 5 years of age, a summary of the NHLBI Guidelines
- *Asthma Control!*, a physician education piece focused on assessment of the patient's history, setting treatment goals, and methods for monitoring and reporting the results.
- *Asthma Counseling*, a piece designed to aid physicians in focusing on the identification of asthma triggers for patients.

Member Education Materials:

- *Asthma Action Plan*, a member education piece, one page summary treatment plan written in layman's terminology
- *Managing Your Asthma*, a member education piece, explaining asthma and focusing on identification of asthma triggers for members

¹ Asthma in America™, 1998

Metrics for Measuring Improvements

The value of a care management program can only be demonstrated through measurable improvement in relevant quality indicators. The indicators selected are as follows:

- Reduction in emergency room visits per thousand members with a primary or secondary diagnosis of asthma, ICD-9 493.0 - 493.9, using a 12 month measurement period to avoid seasonal variation.
- Reduction in inpatient hospital admissions per thousand members with a primary or secondary diagnosis of asthma, ICD-9 493.0 – 493.9, using a 12 month measurement period.
- Increase in the number of prescriptions filled for inhaled corticosteroids within the identified population of members enrolled consecutively for 12 or more months with one or more claims having a primary or secondary diagnosis of asthma, ICD-9 493.0 – 493.9, using a 12 month measurement period.